

[illegible]

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
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18		/				
19		/				
20		/				
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25		/				
26		/				
27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34	X					
35	X					
36		/				
37	X					
38	X					
39	X					
40	X					
41		/				
42		/				
43		/				
44		/				
45		/				
46	X					
47	X					
48	X					
49		/				
50		/				
Total Indep	/					
Total Depend	38					
Total Claims	39					

* * *			* *		* *	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
56						
57						
58						
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95						
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97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						